

10:10

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of
in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Hila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>159</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>684</u>
Town of <u>Miami</u>			Local Registrar No. _____
City of _____	(If birth occurred in hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Margarita Sylvestre</u>			
3. Sex of Child <u>Female</u>			
4. Twin, triplet or other _____			
5. No., in order of birth <u>3</u>			
6. Legitimate? <u>yes</u>			
7. Date of birth <u>Oct. 18-1923</u>			
8. FATHER			
Full name <u>Cleofa Sylvestre</u>			
9. Residence (Usual place of abode) <u>Miami-Ariz.</u>			
10. Color or race <u>Mex</u>			
11. Age at last birthday <u>24</u> (Years)			
12. Birthplace (city or place) <u>Jalisco, Mex.</u>			
13. Occupation <u>Mucker</u>			
14. MOTHER			
Full maiden name <u>Concepcion Guzman</u>			
15. Residence (Usual place of abode) <u>Miami-Arizona</u>			
16. Color or race <u>Mex</u>			
17. Age at last birthday <u>23</u> (Years)			
18. Birthplace (city or place) <u>Jalisco Mexico</u>			
19. Occupation <u>Housewife</u>			
20. Number of children of this mother (a) Born alive and now living <u>3</u>			
(b) Born alive but now dead _____			
(c) Stillborn _____			
21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>11 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
Signature <u>C. M. Cron M.D.</u>			
Address <u>Miami, Arizona</u>			
Physician or midwife			
Filed <u>Oct 31</u> 19 <u>23</u>			
Local Registrar.			
County Registrar.			
Registrar.			

425-1018-375